



## VFC/Public Vaccine Borrowing Report

### BORROWING POLICY:

VFC-enrolled providers must maintain adequate inventory of VFC/public and private vaccine. VFC/public vaccine cannot be used as a replacement system for private vaccine stock. Planned borrowing between VFC/public and private vaccine stock is not permitted. Borrowing VFC vaccine must not prevent a VFC-eligible child from receiving a needed vaccination.

### COMPLETE THIS FORM WHENEVER:

- A dose of VFC/public vaccine is administered to a non-eligible child
- A dose of privately-purchased vaccine is administered to a VFC/public-eligible child

### INSTRUCTIONS:

- Make a separate line entry for each dose of vaccine borrowed.
- Fill-in all fields completely.
- Use the Reason Code in the legend below to complete Column F. If “Other” is selected, provide details in Column F.
- An **X** in the legend indicates a non-compliant reason.
- Pay back borrowed doses within three months. “Payback” occurs when the dose is returned to the appropriate stock, not when it is administered.
- When complete, review, sign, and date at the bottom of the report.
- Retain this form for three years and make available to Montana Immunization Program during site visits or by request.

### REASON LEGEND FOR VACCINE BORROWING

Reason for Borrowing VFC Dose	Code	Reason for Borrowing Private Dose	Code
Private vaccine shipment delay (shipping delay)	1	VFC/public vaccine shipment delay (shipping delay)	8
Private vaccine not useable on arrival (vials broken, temperature issue)	2	VFC/public vaccine not useable on arrival (vials broken, temperature issue)	9
Ran out of private vaccine between orders (not due to shipping delays) <b>X</b>	3	Ran out of VFC/public vaccine between orders (not due to shipping delays) <b>X</b>	10
Short-dated private dose was exchanged with VFC dose	4	Short-dated VFC/public dose was exchanged with private dose	11
Accidental use of VFC dose for a private patient	5	Accidental use of a private dose for a VFC/public eligible patient	12
Replacement of private dose with VFC when insurance plan did not cover vaccine	6	Other – Describe in Column F <b>X</b>	13
Other – Describe in Column F <b>X</b>	7		



**VFC VACCINE BORROWING REPORT**

A Vaccine Borrowed (Lot # optional)	B Stock Used (VFC/Public or Private)	C Patient Name (or unique identifier)	D Patient DOB	E Dose Administration Date	F Reason for Borrowing (Use legend on page 1)	G Payback Date (Returned to appropriate stock)	H Payback Recipient (Name or unique identifier) (optional)
					Reason Code: Describe if "Other":		
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I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

<b>Facility Name:</b>	<b>VFC PIN:</b>	<b>VFC Vaccine Manager Signature:</b>	<b>Date:</b>
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**VFC VACCINE BORROWING REPORT**

<b>A</b> <b>Vaccine Borrowed</b> (Lot # optional)	<b>B</b> <b>Stock Used</b> (VFC/Public or Private)	<b>C</b> <b>Patient Name</b> (or unique identifier)	<b>D</b> <b>Patient DOB</b>	<b>E</b> <b>Dose Administration Date</b>	<b>F</b> <b>Reason for Borrowing</b> (Use legend on page 1)	<b>G</b> <b>Payback Date</b> (Returned to appropriate stock)	<b>H</b> <b>Payback Recipient</b> (Name or unique identifier) (optional)
					Reason Code: Describe if "Other":		
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<b>Facility Name:</b>			<b>VFC PIN:</b>		<b>VFC Vaccine Manager Signature:</b>		<b>Date:</b>